

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

POWER OF ATTORNEY

I hereby revoke all previous Powers of Attorney given in the above-identified application.

I/we hereby appoint the practitioners associated with Customer Number **28249** as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to the address associated with Customer No. **28249**.

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(Declaration and Power of Attorney [1-1] - page 4 of 6)

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SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

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CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING
ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

- ☐ Signature for subsequent joint inventors.
Number of pages added _____.
- ☐ Signature by administrator(trix), executor(trix) or legal
representative for deceased or incapacitated inventor.
Number of pages added _____.
- ☐ Signature for inventor who refuses to sign or cannot be
reached by person authorized under 37 C.F.R. §1.47.
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- ☐ Added pages to combined declaration and power of attorney for
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- ☐ Authorization of attorney(s) to accept and follow
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